



APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

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FILED
2004 AB165

☒ Initial Application

☐ Amended Application

NAME OF CANDIDATE MONICA PEREZ		OFFICE SOUGHT (include Legislative District, if applicable) STATE REP. - LD 25	
ADDRESS (NUMBER & STREET) 510 FREDERICK DRIVE		CITY DOUGLAS	STATE AZ
MAILING ADDRESS (if different from above) PO BOX 1689		CITY DOUGLAS	STATE AZ
CANDIDATE'S TELEPHONE # 520-344-9320	CANDIDATE'S FAX # N/A	CANDIDATE'S E-MAIL ADDRESS mperez04 @ msn.com	
CANDIDATE'S PARTY AFFILIATION (if any) DEMOCRAT			
NAME OF CANDIDATE'S COMMITTEE MONICA PEREZ 2004			
COMMITTEE'S ADDRESS PO BOX 1689		CITY DOUGLAS	STATE AZ
COMMITTEE'S PHONE # 520-344-9320	COMMITTEE'S FAX # N/A	COMMITTEE'S E-MAIL ADDRESS mperez04 @ msn.com	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)			
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). Bank of America			

DESIGNATED CANDIDATE'S STATEMENT (If applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

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